Well Processing Securities and exchange commission Section Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPR           | OVAL      |
|--------------------|-----------|
| QMB Number:        | 3235-0076 |
| Expires: April 30, | 2008      |
| Estimated average  | burden    |
| hours per response |           |

| SEC    | USE O | VLY    |
|--------|-------|--------|
| Prefix |       | Serial |
|        |       |        |
| DATE   | REÇEI | /ED    |
|        |       |        |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)                              | -  |
|---|--|
| Series B Preferred Stock Financing  |  |
| File Under (Check box(es) that apply): Rule 504 Rule 505 E Rule 506 Section 4(6)  | ULOE   |
| Type of Filing: 🗷 New Filing 🔲 Amendment  |  |
| A. BASIC IDENTIFICATION DATA  | \\ \text{\ti}\text{\ti}}\tint{\text{\text{\tint{\text{\text{\tinte\tint{\text{\text{\tinte\tint{\text{\tinte\tint{\text{\tintert{\text{\text{\text{\ti}\tint{\text{\text{\tinte\tint{\text{\tinte\tint{\text{\tinte\tint{\text{\tint{\text{\tint{\text{\tint{\texi}\tinte\tint{\tint{\tint{\text{\tint{\text{\tinte\tint{\tintert{\tin\tint{\tit |
| Enter the information requested about the issuer  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)                                | 08048827   |
| STB, Ltd.   |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)   | Telephone Number (Including Area Code)   |
| 13212 NE 16th Street, Suite 312, Bellevue, WA 98005   | 425-241-7932   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code)   |
| LKOC LOOLS  | SAME   |
| SAME  |  |
| Brief Description of Business APR 2 5 2008  |  |
| Biotechnology   |  |
| Type of Business Organization THOMSON REVIERS   |  |
|   | her (please specify):  |
| business trust limited partnership, to be formed  | •  |
| . Month Year  |  |
| Actual or Estimated Date of Incorporation or Organization: 06 2005  | ☑ Actual ☐ Estimated   |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:              |  |
| CN for Canada; FN   | or other foreign jurisdiction) WA  |

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|  |  |  |  |   | <del></del>                     |
|--|--|--|--|---|---------------------------------|
| <ul><li>Each beneficial ow<br/>securities of the iss</li><li>Each executive offi</li></ul> | ne issuer, if the issuer, or having the pouer; cer and director of | er has been organized with<br>wer to vote or dispose, or | nin the past five years; r direct the vote or disposorporate general and manag |   |                                 |
| Check Box(es) that Apply:  | Promoter   | Beneficial Owner   | Executive Officer  | EX Director                             | General and/or Managing Partner |
| Full Name (Last name first, in Gorlick, H. Harole  |  |  | **************************************   |   |                                 |
| Business or Residence Addre<br>2406 88th Avenue  |  |  | )  | - · · · · · · · · · · · · · · · · · · · |                                 |
| Check Box(es) that Apply:  | Promoter   | Beneficial Owner   | ☑ Executive Officer  | ☑ Director                              | General and/or Managing Partner |
| Full Name (Last name first, i  | -  |  |  |   | m 40                            |
| Business or Residence Addre<br>13212 NE 16 <sup>th</sup> Str                               |  |  | )  |   |                                 |
| Check Box(es) that Apply:  | Promoter   | Beneficial Owner   | Executive Officer  | Director                                | General and/or Managing Partner |
| Full Name (Last name first, i<br>Bellar, Jody  | f individual)  |  |  | · · · · · ·                             |                                 |
| Business or Residence Address<br>13212 NE 16 <sup>th</sup> Str                             |  |  | )  |   |                                 |
| Check Box(es) that Apply:  | Promoter   | Beneficial Owner   | Executive Officer  | Director                                | General and/or Managing Partner |
| Full Name (Last name first, i  | f individual)  |  |  |   |                                 |
| Business or Residence Addre<br>c/o H. Harold Goi   |  | reet, City, State, Zip Code<br>enue NE, Bellevue, WA 9   |  |   | ***                             |
| Check Box(es) that Apply:  | Promoter   | ☐ Beneficial Owner                                       | Executive Officer  | Director                                | General and/or Managing Partner |
| Full Name (Last name first, i  | f individual)  |  | <del></del>  |   |                                 |
| Business or Residence Addre  | ess (Number and St   | reet, City, State, Zip Code                              | )  | ·                                       | <u></u>                         |
| Check Box(es) that Apply:  | Promoter   | Beneficial Owner   | Executive Officer  | Director                                | General and/or Managing Partner |
| Full Name (Last name first, i  | f individual)  |  |  | <del></del>                             |                                 |
| Business or Residence Addre  | ess (Number and St   | treet, City, State, Zip Code                             | )  |   | -                               |

|                        |  |   |                                     | Ī   | 3. INFOR                           | MATION.                                      | ABOUT O                                | FFERING                                      |  |   |                     |          |            |
|------------------------|--|---|-------------------------------------|---|------------------------------------|--|--|--|--|---|---------------------|----------|------------|
| 1 Hag                  | the icquer c   | old or doe                                | e the icen                          | er intend t                               | o sell to no                       | on-accredite                                 | ed investors                           | in this offer                                | ing?   | ·                                       |                     | Yes      | No<br>Œ    |
| I. Has                 | me issuer s  | ola, or aoc                               | es uic issu                         |   |                                    |  |  | ing under U                                  |  |   |                     |          | _          |
| 2. Wha                 | t is the mir   | imum inv                                  | estment th                          |   |                                    |  |  |  |  |   | \$ N/A              | <b>\</b> |            |
| 2                      |  |   |                                     |   |                                    |  |  |  |  |   |                     | Yes      | No         |
|                        | Does the offering permit joint ownership of a single unit? |   |                                     |   |                                    |  |  |  |  |   |                     |          |            |
| com:<br>a per<br>state | mission or<br>rson to be<br>s. list the i                  | similar ren<br>listed is ar<br>name of th | nuneratior<br>associate<br>e broker | n for solici<br>ed person o<br>or dealer. | tation of por agent of If more the | urchasers ir<br>'a broker oi                 | connection<br>dealer reg<br>persons to | n with sales<br>istered with<br>be listed ar | en, directly<br>of securities<br>the SEC and<br>e associated | d/or with a                             | nng. 11<br>state or |          |            |
| Full Nam               | e (Last nan  | ne first, if i                            | ndividual                           | )   |                                    |  |  |  |  |   |                     |          |            |
| Business               | or Residen   | ce Address                                | s (Number                           | and Stree                                 | t, City, Sta                       | te, Zip Cod                                  | e)                                     | <del>-</del> .                               | <u> </u>   |   |                     |          |            |
| Name of                | Associated   | Broker or                                 | Dealer                              |   |                                    | <u>.                                    </u> | <u> </u>                               | <del></del>                                  |  |   |                     |          |            |
|                        |  |   |                                     |   | , .                                |  |  |  |  |   | ···-                |          |            |
| -                      |  |   |                                     |   |                                    | icit Purchas                                 |  |  |  |   |                     | ☐ Ai     | ll States  |
| [AL]                   | [AK]   | [AZ]                                      | [AR]                                | [CA]                                      | [CO]                               | [CT]   | [DE]                                   | [DC]   | [FL]   | [GA]                                    | [HI]                | [1D      | ]          |
| [IL]                   | [IN]   | [IA]                                      | [KS]                                | [KY]                                      | [LA]                               | [ME]   | [MD]                                   | [MA]   | [M]]   | [MN]                                    | [MS]                | [M0      | -          |
| [MT]                   | [NE]   | [NV]                                      | [NH]                                | [NJ]                                      | [NM]                               | [NY]   | [NC]                                   | [ND]   | [OH]   | [OK]                                    | [OR]                | [ P A    | -          |
| [RI]                   | [SC]   | [SD]                                      | [TN]                                | [TX]                                      | [UT]                               | [VT]   | [VA]                                   | [WA]   | [WV]   | [WI]                                    | [WY]                | [ P F    | •          |
|                        | ne (Last nar   |   |                                     |   |                                    |  |  |  | <u> </u>   |   |                     |          |            |
| run man                | ic (Last nai   | ne mst, n                                 | IIIuIVIuuai                         | ,   |                                    |  |  |  |  |   |                     |          |            |
| Business               | or Residen   | ice Addres                                | s (Numbe                            | r and Stree                               | et, City, Sta                      | ite, Zip Cod                                 | le)                                    | <del></del>                                  | -  | <del>-</del>                            |                     | •        | -          |
| Name of                | Associated   | Broker or                                 | Dealer                              |   |                                    |  | <del></del> -                          |  | <del></del> ,  |   |                     |          | ·          |
| States in              | Which Per  | son Listed                                | Has Solic                           | ited or Int                               | ends to Sol                        | licit Purcha                                 | sers                                   | <del></del> -                                |  | · <u>-</u> ,                            |                     |          |            |
|                        |  |   |                                     |   |                                    |  |  |  |  |   |                     | □ A      | II States  |
| [AL]                   | [AK]   | [AZ]                                      | [AR]                                | [CA]                                      | [CO]                               | [CT]   | [DE]                                   | [DC]   | [FL]   | [GA]                                    | [HI]                | [10      | )]         |
| [11.]                  | [IN]   | [IA]                                      | [K\$]                               | [KY]                                      | [LA]                               | [ME]   | [MD]                                   | [MA]   | [M1]   | [MN]                                    | [MS]                | [M       | 0]         |
| [MT]                   | [NE]   | [NV]                                      | [NH]                                | [NJ]                                      | [NM]                               | [NY]   | [NC]                                   | [ND]   | [OH]   | [OK]                                    | [OR]                | [ P /    | <b>A</b> ] |
| [RI]                   | [SC]   | [SD]                                      | [TN]                                | [TX]                                      | [UT]                               | [VT]   | [VA]                                   | [WA]   | [WV]   | [W1]                                    | [WY]                | [ P I    | ₹]         |
| Full Nan               | ne (Last nai   | me first, if                              | individua                           | 1)  |                                    | ····   |  |  |  |   |                     | -        |            |
| Rucineco               | or Resider   | nce Addres                                | s (Numbe                            | r and Stree                               | et. City. Str                      | ite, Zip Coo                                 | le)                                    | <del></del>                                  | <del></del>  | -                                       | <u> </u>            |          |            |
| Dusiness               | or reside.   | 100 / 100 / 0                             | (                                   |   | ,,                                 | <b>,,</b>                                    | ,                                      |  |  |   |                     |          |            |
| Name of                | Associated   | l Broker or                               | Dealer                              |   |                                    | ·  | <u> </u>                               |  |  |   |                     |          |            |
| States in              | Which Per  | son Listed                                | Has Solid                           | cited or Int                              | ends to So                         | licit Purcha                                 | sers                                   |  |  |   | <u> </u>            |          | _          |
| (Chec                  | k "All State   | es" or chec                               | k individu                          | al States)                                |                                    |  |  |  |  | *************************************** |                     | □ A      | ll States  |
| [AL]                   | [AK]   | [AZ]                                      | [AR]                                | [CA]                                      | [CO]                               | [CT]   | [DE]                                   | [DC]   | [FL]   | [GA]                                    | [HI]                | [18      | )]         |
| [IL]                   | [[N]   | [ I A ]                                   | [KS]                                | [KY]                                      | [LA]                               | [ME]   | [MD]                                   | [MA]   | [MI]   | [MN]                                    | [MS]                | [M       | 0]         |
| [MT]                   | [NE]   | [NV]                                      | [NH]                                | [N]                                       | [NM]                               | [NY]   | [NC]                                   | [ND]   | (OH)   | [OK]                                    | [OR]                | [ P      |            |
| [RI]                   | [SC]   | [SD]                                      | [TN]                                | [TX]                                      | [UT]                               | [VT]   | [VA]                                   | [WA]   | [WV]   | [WI]                                    | [WY]                | [P       | R ]        |

# Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Offering Price Sold Debt ..... \$3,200,000 \$600,000 Equity ..... ☑ Preferred—Series B Common Common Convertible Securities (including warrants) ...... Partnership Interests Other (Specify \_\_\_\_) ..... \$3,200,000 \$600,000 Total ..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases \$600,000 Accredited Investors Non-accredited Investors..... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Type of offering Sold Security Rule 505 Regulation A Rule 504 ..... Total ..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs.... Legal Fees ..... \$10,000 Accounting Fees..... Engineering Fees \$ Sales Commissions (specify finder's fees separately)..... $\boxtimes$ \$300 Other Expenses (identify Blue sky and miscellaneous)..... Total ..... \$10,300

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|       | C. OFFERING PRICE, N  | NUMBER OF INVESTORS, EXPENSES A   | ND USE OF PROCEED                                      | S  |
|-------|---|---|--|--|
|       | Question I and total expenses furnished in re-  | ate offering price given in response to Part C -<br>sponse to Part C - Question 4.a. This differen  | ce is the  | \$ 3,189,700                                   |
| 5.    | used for each of the purposes shown. If the estimate and check the box to the left of the   | gross proceeds to the issuer used or propose e amount for any purpose is not known, fur estimate. The total of the payments listed mustorth in response to Part C - Question 4.b. above | nish an<br>st equal                                    |  |
|       |   |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others                          |
|       | Salaries and fees   |   | <b>\$</b>  | <b>\$</b>                                      |
|       | Purchase of real estate   |   |  |  |
|       | Purchase, rental or leasing and installation  | on of machinery and equipment   | <b>\$</b>  | □ \$   |
|       | Construction or leasing of plant building   | gs and facilities   | <b>S</b>   | □ \$ <u> </u>                                  |
|       | Acquisition of other business (including offering that may be used in exchange for issuer pursuant to a merger)                                   | the value of securities involved in this or the assets or securities of another   | □ \$   | □ s_   |
|       | Repayment of indebtedness   |   |  | □ \$   |
|       | Working capital   |   |  | <b>■</b> \$3,189,700                           |
|       | Other (specify):  |   |  |  |
|       |   |   | <b>S</b>   | <b>S</b>                                       |
|       |   |   | □ \$   | <b>≥</b> \$3,189,700                           |
|       | Total Payments Listed (column totals ad   | lded)   | <b>≅</b> \$3,189,700                                   |  |
|       |   |   |  |  |
|       |   | D. FEDERAL SIGNATURE  |  |  |
| follo | issuer has duly caused this notice to be sig<br>owing signature constitutes an undertaking by<br>taff, the information furnished by the issuer to | the issuer to furnish to the U.S. Securities and  | I Exchange Commission.                                 | ed under Rule 505, the upon written request of |
| Issu  | er (Print or Type)  | Signature   | Date   | ·  |
|       | 3, Ltd.   | Min My  | April 14, 2008   |  |
| Nan   | ne of Signer (Print or Type)  | Title of Signer (Print or Type)   |  |  |
| Ric   | hard Moscarello   | President   |  |  |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|     | E. STATE SIGNATURE  |
|-----|---|
| 1.  | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions  Yes No of such rule?  |
|     | See Appendix, Column 5, for state response.   |
| 2.  | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.   |
| 3.  | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.   |
| 4.  | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |
|     | e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned y authorized person.  |
|     | Date  Signature  April 4, 2008  |
| Nai | me of Signer (Print or Type)  Title of Signer (Print or Type)   |

President

Richard Moscarello

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

